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South Carolina
 Department of Labor, Licensing and Regulation
 Board of Medical Examiners Board of Nursing



Henry D. McMaster
 Governor

Emily H. Farr
 Director

PUBLIC HEALTH STATE OF EMERGENCY ORDER 2020-BME/BON-PH-01

**JOINT ORDER SUSPENDING ENFORCEMENT OF CERTAIN
 REQUIREMENTS FOR PRACTICE BY PHYSICIAN ASSISTANTS AND
 ADVANCED PRACTICE REGISTERED NURSES IN CERTAIN SETTINGS**

WHEREAS, South Carolina is currently in a declared public health state of emergency due to the evolving nature and scope of the public health threat or other risks posed by COVID-19 and the actual and anticipated impacts associated with the same;

WHEREAS, on March 28, 2020, Governor Henry McMaster issued Executive Order No. 2020-15, which states that “[t]he State of South Carolina must take additional proactive action and implement further extraordinary measures to prepare for and respond to the actual, ongoing, and evolving public health threat posed by COVID-19, minimize the resulting strain on healthcare providers, and otherwise respond to and mitigate the significant impacts associated with the same;”

WHEREAS, the Board of Medical Examiners regulates physicians and physician assistants (“PAs”) in accordance with the South Carolina Medical Practice Act, as set forth in S.C. Code Ann. § 40-47-5, *et seq.*

WHEREAS, The Board of Nursing regulates Advanced Practice Registered Nurses (“APRNs¹”) in accordance with the Nurse Practice Act, as set forth in S.C. Code Ann. § 40-33-5, *et seq.*;

WHEREAS, S.C. Code Ann. § 40-47-935(A)(1) provides that PAs are authorized to perform medical acts, tasks, or functions within written scope of practice guidelines under physician supervision;

WHEREAS, S.C. Code Ann. § 40-33-20(5) provides that APRNs may perform specified medical acts pursuant to a practice agreement. S.C. Code Ann. § 40-33-20(45)

¹ For purposes of this Order, APRN shall include nurse practitioners (“NP”), certified nurse-midwives (“CNM”), and clinical nurse specialists (“CNS”).

provides that "practice agreement" means a written agreement developed by an NP, CNM, or CNS and a physician or medical staff who agrees to work with and to support the NP, CNM, or CNS. The practice agreement must establish the medical aspects of care to be provided by the NP, CNM, or CNS, including the prescribing of medications. The practice agreement must contain mechanisms that allow the physician to ensure that quality of clinical care and patient safety is maintained in accordance with state and federal laws, as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations;"

WHEREAS, S.C. Code Ann. § 40-33-34(C) provides that a licensed NP, CNM, or CNS performing medical acts must do so pursuant to a practice agreement with a physician who must be readily available for consultation;

WHEREAS, S.C. Code Ann. § 40-47-195(B) provides, in part, that a supervising physician is responsible for ensuring that delegated medical acts to PAs are performed under approved written scope of practice guidelines and that a copy of approved written scope of practice guidelines, dated and signed by the supervising physician and the practitioner, must be provided to the board by the supervising physician within seventy-two hours of request by a representative of the department or board;

WHEREAS, S.C. Code Ann. § 40-47-195(D)(1)(c) provides that a "physician or medical staff who are engaged in practice with a PA, NP, CNM, or CNS must not enter into scope of practice guidelines (PA) or practice agreements (APRNs) with more than the equivalent of six full-time PAs, NPs, CNMs, or CNSs and must not practice in a situation in which the number of NPs, CNMs, or CNSs providing clinical services with whom the physician is working, combined with the number of PAs providing clinical services whom the physician is supervising, is greater than six individuals at any one time;"

WHEREAS, S.C. Code Ann. § 40-47-955(A) provides that the "supervising physician is responsible for all aspects of the PA's practice;"

WHEREAS, S.C. Code Ann. § 40-47-195(D)(1)(e) provides that the "physician must maintain responsibility in the practice agreement for the health care delivery team pursuant to rules and regulations of the Board of Medical Examiners;"

WHEREAS, American Medical Association Code of Medical Ethics Opinion 10.8 provides, in part, that "in health care, teams that collaborate effectively can enhance the quality of care for individual patients. [. . .] Such teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility,

and upholding common ethical values as team members.” The Opinion also recognizes that the physician is the clinical leader of the health care team: “By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient;”

WHEREAS, hospitals throughout the state are developing plans to address a potential surge of patients diagnosed with COVID-19 infections (“Surge”), which could stretch the hospitals’ resources. In addition to the potential strain on resources resulting from a Surge, hospitals also anticipate that, unfortunately, some health care providers will become infected with the virus—and indeed, some have already become so infected. The Surge will create demands for increased staffing flexibility in a hospital’s Emergency Department (“ED”), Intensive Care Unit (“ICU”), and its inpatient hospital floors (“Floors”), as well as its long-term care facilities and in-patient hospice facilities (the ED, ICU, Floors, and long-term care and hospice facilities are referred to collectively as “Hospital” hereafter);

WHEREAS, many hospital systems have identified APRNs and/or PAs who practice in other areas to practice in the Hospital during the Surge, if necessary. For example, one hospital system has identified three tiers of APRNs and PAs: 1) Tier One is made up of APRNs and PAs who regularly staff the Hospital; 2) Tier Two is made up of APRNs and PAs who have some experience in the Hospital, but currently practice in a different setting; and 3) Tier Three is made up of APRNs and PAs who have no experience in the Hospital, but who practice in other areas and whose services may be necessary in the Hospital. Additionally, physicians will likely be rotated throughout the Hospital based on patient needs;

WHEREAS, staffing strategies such as the one identified in the preceding paragraph would, without action by the Boards, require *each* PA practicing in an area in which he/she does not currently practice to submit a written scope of practice guidelines and update supervision forms with the Board of Medical Examiners. Likewise, *each* APRN practicing in a different area would be required to enter into a new practice agreement and update collaboration forms with the Board of Nursing. Indeed, each APRN and PA would likely be required to enter into multiple practice agreements and written scopes of practice guidelines, respectively, with multiple physicians;

WHEREAS, the Boards recognize that the logistics involved in drafting, executing, and filing the documentation described above would require significant effort on the part of APRNs,

PAs, and physicians at a time when the public interest dictates that these providers' efforts be devoted to training and treating patients;

WHEREAS, the Boards conclude that due to the extraordinary circumstances presented, the public interest dictates that the Boards temporarily suspend enforcement of certain requirements related to practice agreements and written scopes of practice guidelines for APRNs and PAs practicing in a Hospital, subject to certain conditions;

NOW, THEREFORE, the Boards hereby suspend enforcement of the requirement that APRNs and/or PAs practicing in the Hospital enter into written practice agreements (APRNs) or written scopes of practice guidelines (PAs) with a specific collaborating (APRNs) or supervising (PAs) physician, subject to the following:

1. A hospital that is currently experiencing, or expects to experience, a need to assign APRNs and/or PAs who do not currently practice in the Hospital to practice in the Hospital due to the Surge, may, in lieu of having its providers submit new practice agreements, written scopes of practice guidelines, and any other documentation associated with a change of practice setting and/or collaborating/supervising physician, submit the following information ("Staffing Plan") for review and approval by the Boards:
 - a. A list of all APRNs and/or PAs who currently practice, or who may practice, in the Hospital during the declared public health state of emergency. This list must include each APRN's and/or PA's current practice setting and collaborating/supervising physician;
 - b. A list of all physicians who currently practice, or who may practice, in the Hospital during the declared public health state of emergency; and
 - c. A proposed plan to ensure appropriate physician collaboration with all APRNs and physician supervision with all PAs who will practice in the Hospital during the declared public health state of emergency.
2. Upon the Boards' written approval of the proposed Staffing Plan, APRNs and PAs may practice in the Hospital in accordance with the terms of the approved Staffing Plan without submitting any additional documentation to the Boards, subject to the following conditions:
 - a. In addition to the practice agreements and scopes of practice guidelines under which they currently practice, APRNs and PAs practicing in the Hospital may practice pursuant to the pre-approved practice agreements and scopes of

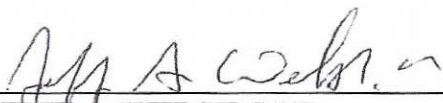
practice guidelines relevant to the areas in which they are physically practicing (e.g., ER, ICU, etc.). Copies of these pre-approved practice agreements (APRNs) and scopes of practice guidelines (PAs) are attached hereto;

- b. Notwithstanding an APRN and/or PA's authorization to perform tasks included in the pre-approved practice agreements (APRNs) and scopes of practice guidelines (PAs) identified above, an APRN or PA may not perform any task for which he/she does not have the proper education, training, and experience to perform; however, such education, training, and experience may be obtained during the time the APRN and/or PA is assigned to the ED, ICU, and/or Floors during the public health state of emergency;
- c. The physicians in charge of each of the respective areas of the Hospital in which the APRNs and/or PAs will be practicing shall be responsible for ensuring that APRNs and PAs practicing in their respective areas receive appropriate collaboration and/or supervision, respectively, by the physicians working in each unit and shall be personally available to said APRNs and PAs for collaboration and/or supervision. The hospital must maintain a list of the individual physicians responsible for collaborating with an APRN and/or supervising a PA during each shift, and this list must be available to the Boards for inspection within a reasonable time after receipt of a request for the list by the Boards.

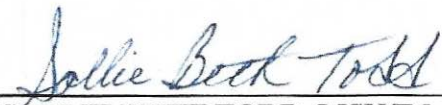
The terms of this Order shall remain in effect until further Order of the Boards of Medical Examiners and Nursing.

IT IS SO ORDERED.

STATE BOARD OF MEDICAL EXAMINERS STATE BOARD OF NURSING



JEFF A. WELSH, M.D.
President of the Board



SALLIE BETH TODD, MSN/Ed., RN
Board Chair

Dated: April 10, 2020

Written Practice Agreement – Adult and Pediatric ED

Adult APRN: The following evidence-based protocols, texts and guidelines are agreed to for medical acts and participation in all aspects of patient care for patients, including, but not limited to, adult emergency patients with a variety of non-acute, urgent and emergent patient complaints and conditions. This will include, but not limited to resuscitative problems and techniques, basic cardiopulmonary resuscitation; disturbances of cardiac rhythm and conduction; acute signs and symptoms of illness in adults, emergency wound management, evaluation of wounds, cardiovascular diseases, pulmonary emergencies, digestive disorders, liver failure, renal and genitourinary disorders, gynecology and obstetrics, gynecological emergencies, infectious diseases, allergic disorders, sexually transmitted disease, environmental injuries, endocrine emergencies, neurological disorders, eye, ear, nose, throat disorders, facial trauma, ocular emergencies, skin and soft tissue disorders, dermatitis, trauma, fractures and dislocations, musculoskeletal disorders, psychosocial disorders, abuse and assault. The APRN may have contact in-person or through telemedicine and provide treatment which includes all aspects of patient care for patients, including, but not limited to, patients with minor emergencies, illnesses and injuries. The APRN will determine the best management plan based on the patient's profile.

Pediatric APRN: The following evidence-based protocols, texts and guidelines are agreed to for medical acts and participation in all aspects of patient care for patients, including, but not limited to, pediatric emergency patients with a variety of non-acute, urgent and emergent patient complaints and conditions. This will include, but not limited to fever, respiratory infections, gastroenteritis, minor trauma (lacerations, sprains, and minor head injury), status asthmatics, status epilepticus, bacterial infections (meningitis, pneumonia, urinary tract infection, sepsis), neonates with fever requiring septic work-up, sickle cell crisis, major trauma, burns and psychiatric evaluations. Patients with identified emergencies such as respiratory distress, shock, neurovascular compromise or other conditions will be seen under the direct supervision of the pediatric physician onsite. All transfers to a higher level of care will be seen by the pediatric physician onsite. The APRN will participate with clinical research and obtain consent for approved procedures and research studies. The APRN may also have contact with in person or through telemedicine and provide treatment which includes all aspects of patient care for patients, including, but not limited to, patients with minor emergencies, illnesses and injuries. The APRN will determine the best management plan based on the patient's profile.

The APRN can perform, but is not limited to, the following procedures based on training: administration of local and digital anesthesia; complicated and uncomplicated repair of lacerations; removal of foreign bodies from eyes, ears, nose, skin, and wounds; trephination of subungual hematomas; incision and drainage of abscesses; urethral catheterization; placement of peripheral venous access; placement of central lines (with proof of competency); placement of thoracostomy (with proof of competency); endotracheal intubation (with proof of competency); ACLS; arterial puncture, venipuncture; lumbar puncture (with proof of competency); application of splints; arthrocentesis

A designated collaborating physician will be readily available to the APRN at all times by either in person or by telecommunications or other electronic means to provide consultation and advice to the APRN.

The process for admitting a patient to a hospital is to notify the collaborating physician and follow hospital policy following the protocol for the ER.

The APRN can refer a patient or order physical therapy, pronounce death and sign death certificates, issue an order for hospice, and certify a patient for homebound and handicapped certificate.

An advanced practice registered nurse (APRN) may create, execute, and sign a POST form. The POST form must be for a patient of the APRN, the designated collaborating physician, or both.

An APRN can execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44.

All authorized prescriptions by an APRN with prescriptive authority must comply with all applicable state and federal laws and executive orders. Per the SC Nurse Practice Act (2018), APRNs with prescriptive authority can prescribe or write orders for controlled medications (PO, IM, IV) in Schedule II-V authorized per this written practice agreement. C-II narcotics prescriptions can be written for five days only and another prescription must not

be written without the written agreement of the designated collaborating physician, unless the prescription is written for patients in hospice or palliative care or for patients residing in long-term care facilities. C-II controlled non-narcotics medications can be prescribed for 30 days and for each renewal. Examples of, but not all-inclusive list, Schedule II through Schedule V controlled substances include:

- Examples of C-II medications: Hydromorphone (Dilaudid), methadone (Dolophine), meperidine (Demerol), oxycodone (OxyContin, Percocet), and fentanyl (Sublimaze, Duragesic). Other Schedule II narcotics include: morphine, opium, and codeine.
- Examples of Schedule II stimulants: Amphetamine (Dexedrine, Adderall), methamphetamine (Desoxyn), and methylphenidate (Ritalin).
- Examples of C III medications: buprenorphine (Suboxone), Tylenol with Codeine, non-narcotics include: benzphetamine (Didrex), phendimetrazine, ketamine, and anabolic steroids such as Depo-Testosterone.
- Examples of C IV medications: Alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), clorazepate (Tranxene), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), and triazolam (Halcion).
- Examples of C V medications: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC, Phenergan with Codeine), and ezogabine.

Per the SC Nurse Practice Act, APRNs with prescriptive authority may request, receive, sign, and distribute samples and/or medications at the practice authorized by this written practice agreement. Samples may be provided to determine efficacy of medication or to allow patients a reasonable time to access their own pharmacy for filling of the prescription.

Per this written practice agreement, APRNs may request, receive, sign, and distribute samples and/or medications (non-controlled) at an entity that provides free medical care for indigent patients.

An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall adhere to the same standard of care as a licensee employing more traditional in-person medical care and follows the rules and regulations per the SC Nurse Practice Act (2018).

Guidelines or Evidence based guides that are most recent edition

- **(Alcoholism and Abuse)** The National Institute on Alcohol and Alcohol Abuse: www.niaah.nih.gov
- **(Anxiety Disorders)** www.adaa.org
- **(Antimicrobial Therapy)** www.sanfordguide.com
- **(Cardiology)** The American Academy of Cardiology/American Heart Association www.heart.org & www.nhlbi.nih.gov & www.americanheart.org
- **(Diabetes)** www.ndei.org/treatmentguidelines.aspx
- **(Endocrine)** www.aace.com
- **(Ethics)** www.nursingworld.org/.../CodeofEthicsforNurses.aspx
- **(Evidence-Based Practice Guidelines)** www.aaos.org/research/guidelines/guide.asp
- **(Gastroenterology)** www.gi.org/clinical-guidelines
- **(Hepatitis & Liver Disorders)** www.aasld.org & www.liverfoundation.org
- **(HIV)** www.hivguidelines.org
- **(Hypertension)** www.nhlbi.nih.gov/guidelines/hypertension
- **(Immunizations)** www.cdc.gov/vaccines
- **(Kidney Disease)** www2.niddk.nih.gov
- **(Medication Therapy)** www.drugs.com/pdr
- **(Nutrition)** <http://www.mypyramid.gov>
- **(Orthopedics)** www.apta.org/.../Resources/OrthopaedicClinicalGuidelines
- **(Pain Management)** American Pain Society Guidelines www.ampainsoc.org

- **(Physical Examination & History Taking)** Bickley, L.S. (2013). *Bates' guide to physical examination and history taking* (11th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1-60913-762-5
- **(Pulmonology Disorders)** www.rampasthma.org & www.gold.copd.org
- **(Psychiatric Disorders)** The American Psychiatric Association.
- **(Preventative Services)** U.S. Department of Health & Human Services www.ahrq.gov/clinic/uspstfix.htm
- **(Sexually Transmitted Diseases & Treatment)** www.cdc.gov/std/treatment
- **(Urology)** www.auanet.org
- **(Women's Health)** www.acog.org & www.womenshealth.gov
- **All evidence based guidelines:** www.guidelines.gov
- *Harrisons Internal Medicine* or Tierney, L., McPhee, L., & Papadakis, M. Current Medical Diagnosis and Treatment. New York: Lange Publishing.
- JNC #8 Guidelines for Hypertension Management. Laws Governing Nursing
- Tierney, L., McPhee, S., & Papadakis, M. 2007 *Current Medical Diagnosis and Treatment*. New York: McGraw Hill Publishing.
- Manuals for interpretative laboratory data.
- Siberry, G. & Iannone, K. The Harriet lane handbook: A manual for house officers. St. Louis: Mosby.
- Speicher, C.. The right test: A physician's guide to laboratory medicine. Philadelphia: W. B. Saunders
- Utilization of the MUSC Library online resources such as UpToDate
- Tintinalli's *Emergency Medicine Comprehensive Study Guide*.
- Fleisher GR, Ludwig S. *Textbook of pediatric Emergency Medicine*, 4th Ed. Lippincott, Williams, and Wilkins. 2000.
- Dieckmann RA, Fiser DH, Selbst SM. *Illustrated Textbook of Pediatric Emergency & Critical Care procedures*. Mosby. 1997.
- APLS: The Pediatric Emergency Medicine Course. American College of Emergency Physicians and American Academy of Pediatrics.

Written Practice Agreement – Intensive Care Unit

The following evidenced based protocols, texts, and guidelines are agreed to for medical acts of patient care and management of ICU patients including, but not limited to, comprehensive critical care for a mix of acutely ill surgical and medical patients with a high degree of cardiopulmonary disease and supportive devices. The APRN will provide advanced management of, but not limited to, patients with cardiogenic and septic shock, acute lung injury, acute respiratory distress syndrome, neurosurgical and neurological emergencies, severe burn injuries, endocrine emergencies, and acute renal failure, as well as the integration of advanced pharmacology/pharmacokinetics, advanced nutritional support, and psychosocial needs of the unstable critically ill patients. The APRN can provide care utilizing the best management plan based on the patient's profile and evidence-based guidelines.

The APRN can perform, but is not limited to, the following patient care responsibilities based on training: Provide local anesthesia, suture lacerations and wounds, closure of skin, suture and staple removal, wound dressing changes, administer oxygen, advanced airway support including endotracheal intubation, placement and monitoring of arterial lines, monitoring of central venous lines, and monitoring of pulmonary arterial lines, temporary dialysis catheter insertion, EKG interpretation, epidural catheter removal, external pacemaker application, direct current cardioversion, placement and management of chest tubes, thoracentesis, paracentesis, remove and replace pacing wires and drains, placement of urinary catheters, and oral/nasal gastric tubes.

One of the designated collaborating physicians will be readily available to the APP at all times by either in person or by telecommunications or other electronic means to provide consultation and advice to the APRN.

The APRN can refer a patient or order physical therapy, pronounce death and sign death certificates, issue an order for hospice, and certify a patient for homebound and handicapped certificate.

All authorized prescriptions by an APRN with prescriptive authority must comply with all applicable state and federal laws and executive orders. Per the SC Nurse Practice Act (2018), APRNs with prescriptive authority can prescribe or write orders for controlled medications in Schedule II-V authorized per this written practice agreement.

Per the SC Nurse Practice Act, APRNs with prescriptive authority may request, receive, sign, and distribute samples and/or medications at the practice authorized by this written practice agreement. Samples may be provided to determine efficacy of medication or to allow patients a reasonable time to access their own pharmacy for filling of the prescription.

Per this written practice agreement, APRNs may request, receive, sign, and distribute samples and/or medications (non-controlled) at an entity that provides free medical care for indigent patients.

An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall adhere to the same standard of care as a licensee employing more traditional in-person medical care and follows the rules and regulations per the SC Nurse Practice Act (2018).

Guidelines or Evidence based guides that are most recent edition

- **Society of Critical Care Medicine Guidelines:** <http://www.sccm.org/Research/Guidelines>
- **(Alcoholism and Abuse) The National Institute on Alcohol and Alcohol Abuse:** www.niaah.nih.gov
- **(Anxiety Disorders)** www.adaa.org
- **(Antimicrobial Therapy)** www.sanfordguide.com
- **(Cardiology)** The American Academy of Cardiology/American Heart Association www.heart.org & www.nhlbi.nih.gov & www.americanheart.org
- **(Diabetes)** www.ndei.org/treatmentguidelines.aspx
- **(Endocrine)** www.aace.com
- **(Ethics)** www.nursingworld.org/.../CodeofEthicsforNurses.aspx
- **(Evidence-Based Practice Guidelines)** www.aaos.org/research/guidelines/guide.asp

- **(Gastroenterology)** www.gi.org/clinical-guidelines
- **(Hepatitis & Liver Disorders)** www.aasld.org & www.liverfoundation.org
- **(HIV)** www.hivguidelines.org
- **(Hypertension)** www.nhlbi.nih.gov/guidelines/hypertension
- **(Immunizations)** www.cdc.gov/vaccines
- **(Kidney Disease)** www2.niddk.nih.gov
- **(Medication Therapy)** www.drugs.com/pdr
- **(Nutrition)** <http://www.mypyramid.gov>
- **(Orthopedics)** www.apta.org/.../Resources/OrthopaedicClinicalGuidelines
- **(Pain Management)** American Pain Society Guidelines www.ampainsoc.org
- **(Physical Examination & History Taking)** Bickley, L.S. (2013). *Bates' guide to physical examination and history taking* (11th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1-60913-762-5
- **(Pulmonology Disorders)** www.rampasthma.org & www.gold.copd.org
- **(Psychiatric Disorders)** The American Psychiatric Association.
- **(Preventative Services)** U.S. Department of Health & Human Services www.ahrq.gov/clinic/uspstfix.htm
- **(Sexually Transmitted Diseases & Treatment)** www.cdc.gov/std/treatment
- **(Urology)** www.auanet.org
- **(Women's Health)** www.acog.org & www.womenshealth.gov
- **All evidence based guidelines:** www.guidelines.gov

Written Practice Agreement Inpatient General/Internal Medicine

The following evidenced based protocols, texts, and guidelines are agreed to for medical acts and participation in all aspects of patient care for patients requiring **in-patient** general and internal medicine. The APRN will have contact with in person or through direct patient care or through telemedicine and provide treatment which includes treatment common ailments. This will include, but not limited to resuscitative problems and techniques, basic cardiopulmonary resuscitation; disturbances of cardiac rhythm and conduction; acute signs and symptoms of illness in adults and children, cardiovascular diseases, pulmonary disease, digestive disorders, liver failure, renal and genitourinary disorders, gynecology disorders, pediatric illnesses, infectious diseases, allergic disorders, sexually transmitted disease, environmental injuries, endocrine disorders, neurological disorders, eye, ear, nose and throat disorders, skin and soft tissue disorders, dermatitis, musculoskeletal disorders, psychosocial disorders, abuse and assault. The APRN may also have contact with in person or through telemedicine The APRN will determine the best management plan based on the patient's profile.

The APRN can perform, but is not limited to, the following procedures based on training: administration of local and digital anesthesia; uncomplicated repair of lacerations; removal of foreign bodies from eyes, ears, nose, skin, and wounds; trepanation of subungual hematomas; incision and drainage of abscesses; urethral catheterization; placement of peripheral venous access; placement of central lines (with proof of competency); placement of thoracostomy (with proof of competency); endotracheal intubation (with proof of competency); ACLS; arterial puncture, venipuncture; lumbar puncture (with proof of competency); application of splints; arthrocentesis:

One of the designated collaborating physicians will be readily available to the APP at all times by either in person or by telecommunications or other electronic means to provide consultation and advice to the APRN.

The APRN can refer a patient or order physical therapy, pronounce death and sign death certificates, issue an order for hospice, and certify a patient for homebound and handicapped certificate.

An advanced practice registered nurse (APRN) may create, execute, and sign a POST form. The POST form must be for a patient of the APRN, the designated collaborating physician, or both.

An APRN can execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44.

All authorized prescriptions by an APRN with prescriptive authority must comply with all applicable state and federal laws and executive orders. Per the SC Nurse Practice Act (2018), APRNs with prescriptive authority can prescribe or write orders for controlled medications (PO, IM, IV) in Schedule II-V authorized per this written practice agreement. C-II narcotics prescriptions can be written for five days only and another prescription must not be written without the written agreement of the designated collaborating physician, unless the prescription is written for patients in hospice or palliative care or for patients residing in long-term care facilities. C-II controlled non-narcotics medications can be prescribed for 30 days and for each renewal. Examples of, but not all-inclusive list, Schedule II through Schedule V controlled substances include:

- Examples of C-II medications: Hydromorphone (Dilaudid), methadone (Dolophine), meperidine (Demerol), oxycodone (OxyContin, Percocet), and fentanyl (Sublimaze, Duragesic). Other Schedule II narcotics include: morphine, opium, and codeine.
- Examples of Schedule II stimulants: Amphetamine (Dexedrine, Adderall), methamphetamine (Desoxyn), and methylphenidate (Ritalin).
- Examples of C III medications: buprenorphine (Suboxone), Tylenol with Codeine, non-narcotics include: benzphetamine (Didrex), phendimetrazine, ketamine, and anabolic steroids such as Depo-Testosterone.
- Examples of C IV medications: Alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), clorazepate (Tranxene), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), and triazolam (Halcion).
- Examples of C V medications: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC, Phenergan with Codeine), and ezogabine.

Per the SC Nurse Practice Act, APRNs with prescriptive authority may request, receive, sign, and distribute samples and/or medications at the practice authorized by this written practice agreement. Samples may be

provided to determine efficacy of medication or to allow patients a reasonable time to access their own pharmacy for filling of the prescription.

Per this written practice agreement, APRNs may request, receive, sign, and distribute samples and/or medications (non-controlled) at an entity that provides free medical care for indigent patients.

An APRN who establishes a nurse-patient relationship solely by means of telemedicine shall adhere to the same standard of care as a licensee employing more traditional in-person medical care and follows the rules and regulations per the SC Nurse Practice Act (2018).

Guidelines or Evidence based guides that are most recent edition

- **(Alcoholism and Abuse)** The National Institute on Alcohol and Alcohol Abuse: www.niaah.nih.gov
- **(Anxiety Disorders)** www.adaa.org
- **(Antimicrobial Therapy)** www.sanfordguide.com
- **(Cardiology)** The American Academy of Cardiology/American Heart Association www.heart.org & www.nhlbi.nih.gov & www.americanheart.org
- **(Diabetes)** www.ndei.org/treatmentguidelines.aspx
- **(Endocrine)** www.aace.com
- **(Ethics)** www.nursingworld.org/.../CodeofEthicsforNurses.aspx
- **(Evidence-Based Practice Guidelines)** www.aaos.org/research/guidelines/guide.asp
- **(Gastroenterology)** www.gi.org/clinical-guidelines
- **(Hepatitis & Liver Disorders)** www.aasld.org & www.liverfoundation.org
- **(HIV)** www.hivguidelines.org
- **(Hypertension)** www.nhlbi.nih.gov/guidelines/hypertension
- **(Immunizations)** www.cdc.gov/vaccines
- **(Kidney Disease)** www2.niddk.nih.gov
- **(Medication Therapy)** www.drugs.com/pdr
- **(Nutrition)** <http://www.mypyramid.gov>
- **(Orthopedics)** www.apta.org/.../Resources/OrthopaedicClinicalGuidelines
- **(Pain Management)** American Pain Society Guidelines www.ampainsoc.org
- **(Physical Examination & History Taking)** Bickley, L.S. (2013). *Bates' guide to physical examination and history taking* (11th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1-60913-762-5
- **(Pulmonology Disorders)** www.rampasthma.org & www.gold.copd.org
- **(Psychiatric Disorders)** The American Psychiatric Association.
- **(Preventative Services)** U.S. Department of Health & Human Services www.ahrq.gov/clinic/uspstfix.htm
- **(Sexually Transmitted Diseases & Treatment)** www.cdc.gov/std/treatment
- **(Urology)** www.auanet.org
- **(Women's Health)** www.acog.org & www.womenshealth.gov
- **All evidence based guidelines:** www.guidelines.gov
- **Harrisons Internal Medicine or Tierney, L., McPhee, L., & Papadakis, M. Current Medical Diagnosis and Treatment.** New York: lange Publishing.
- **JNC #8 Guidelines for Hypertension Management. Laws Governing Nursing**
- **Tierney, L., McPhee, S., & Papadakis, M. 2007 Current Medical Diagnosis and Treatment. New York: McGraw Hill Publishing.**
- **Manuals for interpretative laboratory data.**
- **Siberry, G. & Iannone, K. The Harriet lane handbook: A manual for house officers.** St. Louis: Mosby.
- **Speicher, C.. The right test: A physician's guide to laboratory medicine.** Philadelphia: W. B. Saunders

Emergency Medicine Scope of Practice Guidelines

All Physician Assistants working in Emergency Medicine will encounter a wide variety of non acute, urgent and emergent patient complaints and conditions. Given the environment which these specialty PAs train and work, with proximity to their supervising physicians, all Emergency Physician Assistants should demonstrate competency in the initial evaluation of all patient complaints. Emergency Physician Assistants work within a team module, and all patient care and evaluation done by the Physician Assistant is under the direct supervision of the Physician and should be viewed as an extension of the Emergency Physician. The Emergency Physician should be aware of any Urgent and Emergent patients being treated by the Physician Assistant.

Patient conditions which will be evaluated and managed by the Emergency Physician Assistant.

Resuscitative Problems and Techniques

Basic Cardiopulmonary Resuscitation

Advanced Airway Support -- including oral airway, nasopharyngeal airway, oral tracheal airway

Vascular Access

Acid-Base Problems

Blood Gases Interpretation

Fluid and Electrolyte Problems

Disturbances of Cardiac Rhythm and Conduction

Acute Signs and Symptoms in Adults

Chest Pain

Dyspnea, Hypoxia, Hypercapnia

Hemorrhagic Shock

Septic Shock

Anaphylaxis and Acute Allergic Reactions

Cyanosis

Syncope

Abdominal Pain

Gastrointestinal Bleeding

Coma and Altered States of Consciousness

Acute Signs and Symptoms in Children

Fever

Fluid and Electrolyte Therapy

Upper Respiratory Emergencies

Hypoglycemia in children

Altered Mental Status in Children

Syncope and Breath Holding

Emergency Wound Management

- Evaluation of Wounds
- Local and Regional Anesthetic for Wound Repair
- Wound Preparation
- Methods of Wound Closure
- Technical Considerations in the Repair of Difficult Wounds
- Simple uncomplicated facial lacerations
- Hand and Fingertip Injuries
- Puncture Wounds and Animal Bites
- Post Repair Wound Care
- Marine Wounds and Injuries

Cardiovascular Diseases

- Myocardial Ischemia and Infarction (initial evaluation and management under the direct supervision of the Supervising physician)
- Heart Failure and Pulmonary Edema
- Endocarditis
- Hypertensive Urgency
- Acute Extremity Ischemia and Thrombophlebitis

Pulmonary Emergencies

- Bacterial Pneumonias
- Viral and Mycoplasma Pneumonias
- Pneumonia in Immunocompromised Patients
- Aspiration Pneumonia
- Tuberculosis
- Spontaneous and Iatrogenic Pneumothorax
- Hemoptysis
- Acute Asthma in Adults
- Chronic Obstructive Pulmonary Disease

Digestive Disorders

- Swallowed Foreign Bodies
- Peptic Ulcer Disease
- Perforated Viscus
- Acute Appendicitis
- Intestinal Obstruction
- Hernia in Adults and Children
- Ileitis and Colitis
- Diverticular Disease
- Anorectal Disorders
- Diarrhea
- Food Poisoning
- Cholecystitis and Biliary Colic
- Acute Jaundice and Hepatitis
- Acute Pancreatitis

Complications of General and Urological Surgery
Liver Failure

Renal and Genitourinary Disorders

Urinary Tract Infections
Male Genital Problems
Chronic Dialysis Patients and their Problems
Renal Stone Disease

Gynecology and Obstetrics

Gynecological Emergencies
Vulvovaginitis
Problems in Pregnancy
Common Complications of Gynecological Procedures

Pediatrics

Common Neonatal Problems
Otitis and Pharyngitis in Children
Skin and Soft Tissue Infections
Bacteremia, Sepsis, and Meningitis in Children
Viral and Bacterial Pneumonias in Children
Pediatric Urinary Tract Infections and Vulvovaginitis
Asthma and Bronchiolitis
Seizures in Children
Gastroenteritis
Pediatric Abdominal Emergencies
Diabetes in Children
Exanthems
Musculoskeletal Disorders in Children

Infectious Diseases and Allergy

Sexually Transmitted Disease
Toxic Shock Syndrome
HIV Infection and AIDS
Tick Borne Diseases

Environmental Injuries

Frostbite and Cold Related Injuries
Hypothermia
Heat Emergencies
Insect and Spider Bites
Reptile Bites and Scorpion Bites
Trauma and Envenomations from Marine Fauna
Thermal Burns
Chemical Burns
Electrical and Lightning Injuries

Carbon Monoxide Poisonings
Exposure to Toxic Agents
Poisonous Plants and Mushrooms

Endocrine Emergencies

Hypoglycemia
Diabetic Ketoacidosis
Alcoholic Ketoacidosis
Thyroid Storm

Neurological Disorders

Headache and Facial Pain
Management of Stroke
Vertigo and Dizziness
Seizures in Adults
Meningitis, Encephalitis, and Brain Abscess

Eye, Ear, Nose, Throat Disorders and Facial Trauma

Ocular Emergencies
Sinusitis
Maxillofacial Injuries
Dental Pain and Emergencies
Oral Abscesses

Skin and Soft Tissue Disorders

Dermatitis
Erythema Multiforme
Cutaneous Abscesses
Soft Tissue Infections

Trauma

Initial Evaluation of the Trauma Patient
Head Injury
Spinal Injury
Penetrating Trauma

Fractures and Dislocations

Hand and Wrist Injuries
Elbow and Forearm Injuries
Shoulder and Humerus Injuries
Pelvis, Hip, and Femur Injuries
Knee, Leg, Ankle, and Foot Injuries

Musculoskeletal Disorders

Neck Pain

Thoracic and Lumbar Pain
Shoulder Pain
Overuse Syndromes
Muscle Ruptures
Compartment Syndromes
Rheumatic Disorders
Infectious and Inflammatory Hand Disorders
Soft Tissue Disorders of the Foot

Psychosocial Disorders

Emergency Assessment of Psychological Patients
Panic Disorder
Conversion Reaction

Abuse and Assault

Child Abuse
Male and Female Sexual Assault
Domestic Violence
Elder Abuse

Procedures Performed by the Emergency Physician Assistant

Administration of Local and Digital Anesthesia
Complicated and Uncomplicated Repair of Lacerations
Removal of Foreign Bodies from Eyes, Ears, Nose, Skin, and Wounds
Trepination of Subungual Hematomas
Incision and Drainage of Abscesses
Urethral Catheterization
Placement of Peripheral Venous Access
*Placement of Central Lines [with proof of competency]
Placement of Thoracostomy
*Endotracheal Intubation [with proof of competency]
ACLS
Arterial Puncture
Venipuncture
*Lumbar Puncture [with proof of competency]
Application of Splints
Arthrocentesis

Critical Care Eff. December 2019

CRITICAL CARE SCOPE OF PRACTICE GUIDELINE

Abdominal Aortic Aneurysm

Allergic Reaction

Angina

Amaurosis Fugax

Anemia

Anticoagulation management

Aortic Dissection Type I and II

Aortic Valve Disease

Arterial Occlusive Disease

Ascending Aortic Aneurysm

Atrial Myxoma

Atrial Septal Defect

Bleeding

Cardiopulmonary Arrest

Cardiac Arrhythmias

Cardiac Dysrhythmias

Cardiac Pacemakers

Carotid Stenosis

Candidiasis

Cardiac Shock

Cardiac Tamponade

Cardiomyopathy

Chronic Obstructive Pulmonary Disease

Congestive Heart Failure

Constipation

Coronary Artery Disease
Decubitus Ulcers
Deep Venous Thrombosis
Diabetes
Diabetic Foot Ulcers
Electrolyte Imbalances
Empyema
Endocarditis
Endocarditis Prophylaxis
Failure to Thrive
Fever of Unknown Origin
Fluid Management
Gastritis
Gastroesophageal Reflux Disease
Gout
Heart Murmurs
Hematoma
Hepatic Failure
Hepatic Insufficiency
Hypercholesterolemia
Hypercoagulable States
Hypoxia
Hypotension
Idiopathic Hypertrophic Subaortic Stenosis
Indeterminant Lung Nodules, Masses
Lung Malignancies
Malnutrition
Management of Prosthetic Heart Valve

Mitral Valve Disease
Myocardial Infection
Non-Healing Wounds
Osteoarthritis
Peptic Ulcer Disease
Pericardial Effusion
Pericarditis
Pleural Effusion
Pneumonia
Pneumothorax
Postcardiotomy Syndrome
Pre- and Post-Operative Management
Pulmonary Edema
Pulmonary Embolus
Renal Artery Stenosis
Renal Failure
Renal Insufficiency
Respiratory Failure
Respiratory Insufficiency
Septic Shock
Syncope
Stroke Thrombocytopenia Thrombophlebitis
Transient ischemia attack
Urinary Retention
Urinary Tract Infection
Valvular Heart Disease
Ventricular Septal Defect
Venous Stasis Ulcers

Wound Infections

Clinical Skills for the Critical Care PA

Administer oxygen

Advanced Airway Support including Endotracheal Intubation

*Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

External pacemaker application (ACLS certification must follow)

Vascular access (central line placement)

* Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

EKG interpretation

Remove and replace chest tubes

* Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

Placement of chest tubes

* Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

Paracentesis

* Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

Pre and Post-operative/discharge teaching to patients and family members

Place, remove, and manage: pacing wires, drains, and catheters

Suture and staple removal and placement

Wound dressing changes

Thoracentesis

* Proof of competency and/or letter from former supervising physician required to grant privilege using the [Additional Skills Request form](#)

Participate in Rapid Response Teams with RN and Respiratory Therapist (ACLS certification must follow)

Family Practice and Internal Medicine Scope of Practice Guidelines

The following is a list of common conditions a Physician Assistant in Family Practice and Internal Medicine may handle. Care of the patients shall include, but not be limited to the diagnosis of:

Skin and Appendages: Cauterize, excise and biopsy lesions. Obtain second opinion for suspicious lesions. Common Dermatoses, Baldness, Nail Disorders.

Eye: Symptoms of Ocular Disease, Ocular Examination, Disorders of the Lids and Lacrimal Apparatus, Conjunctivitis, Ocular Trauma, Foreign Body Removal.

Ear, Nose and Throat: Diseases of the Ear, Nose and Paranasal Sinuses, Oral Cavity and Pharynx and Diseases Presenting as Neck Masses.

Lung: Any patient presenting in respiratory distress or suspected pulmonary emboli is to be evaluated by a Physician. Pulmonary Function Tests, Disorders of the Airways, Pulmonary Infections, Pulmonary Nodules, Masses, and Tumors, Pleural diseases.

Heart: Chest pain suspicious of cardiac disease is to be evaluated by a Physician, EKG's must be over-read by a Physician. Valvular Heart Disease, Coronary Heart Disease, Disturbances of Rate and Rhythm, Conduction Disturbances, Cardiac Failure.

Systemic Hypertension: Management of Hypertension

Blood: Patients requiring transfusions are to be evaluated by a Physician. Anemias, Neutropenia, Leukemias and Other Myeloproliferative Disorders, Lymphomas, Hypercoagulable States

Alimentary Tract: Symptoms and Signs of Gastrointestinal Disease, Diseases of the Esophagus, Stomach and Duodenum, Small Intestine, Colon and Rectum, Anorectal Diseases.

Liver, Biliary Tract and Pancreas: Diseases of the Liver, Biliary Tract and Pancreas.

Breast: Benign Breast Disorders, Carcinoma of the Female Breast

Gynecology: Postmenopausal Vaginal Bleeding, Premenstrual Syndrome (Premenstrual Tension), Dysmenorrhea, Vaginitis, Cyst and Abscess of Bartholin's Duct, Endometriosis, Pelvic Inflammatory Disease, Contraception, Menopausal Syndrome.

Allergic and Immunologic Disorders: Allergic Diseases, Immunologic disorders

Arthritis and Musculoskeletal Disorders: Degenerative and Crystal-Induced Arthritis, Muscle strains and spasms, Pain Syndromes, Soft tissue injuries, Other Rheumatic Disorders, Sports-related injuries.

Fluid and Electrolyte Disorders: Diagnosis of Fluid and Electrolyte Disorders, Treatment of Specific Fluid, Electrolyte and Acid-Base Disorders, Fluid Management.

Urology: Urological Evaluation, Evaluation of Hematuria, Genitourinary Tract Infections, Urinary Stone Disease, Urinary Incontinence, Male Erectile Dysfunction and Sexual Dysfunction, Benign Prostatic Hyperplasia, Malignant Genitourinary Tract Disorders, Chronic Renal Disease

Nervous System: Headache, Epilepsy, Weakness and Paralysis, Transient Ischemic Attacks- Obtain consultation with Physician, Stroke- Obtain consultation with Physician, Movement Disorders, Dementia, Multiple Sclerosis, Stupor and Coma, Head Injury- Obtain consultation with Physician if intracranial pathology suspected, Spinal Trauma- Obtain consultation with Physician, Peripheral Neuropathies.

Psychiatric Disorders: Psychiatric Assessment, Common Psychiatric Disorders, Substance Use Disorders

Endocrinology

Common Presentations in Endocrinology

Diseases of the Thyroid Gland

Metabolic Bone Disease

Diabetes mellitus and Hypoglycemia: Diabetes Mellitus, The Hypoglycemic States

Lipid Abnormalities: Lipids and Lipoproteins, Lipoproteins and Atherogenesis, Lipid Fractions and the Risk of Coronary Heart Disease, Therapeutic Effects of Lowering Cholesterol

General Problems in Infectious Diseases: Fever of Unknown Origin (FUO), Animal and Human Bite Wounds, Sexually Transmitted Diseases, Acute Infectious Diarrhea, Viral Diseases, Viruses and Gastroenteritis, Spotted Fevers, Other Rickettsial And Rickettsial-Like Diseases, Infections caused by Bacteria, Infections Caused by Mycobacteria, Infections Caused by Chlamydiae,

Syphilis, Lyme Disease, Helminthic Infections, Candidiasis, Histoplasmosis, Coccidioidomycosis, Pneumocystosis, Antifungal Therapy

Disorders Due to Physical Agents

Disorders Due to Cold and Heat, Burns, Electric Shock, Drowning, Other Disorders Due to Physical Agents, Poisoning.

General Approach to the Patient; Health Maintenance and Disease Prevention: Health Maintenance and Disease Prevention, Substance Abuse, Common Symptoms, Pain, Fever and Hypothermia, Weight Loss, Fatigue.

Geriatric Medicine: General Principles of Geriatric Medicine, Evaluation of the Elderly, Regular Nursing Home Rounds.

Cancer: Upon diagnosis- all cancer patients are to be discussed with Physician and appropriate referral made, Incidence and Etiology, Prevention of Cancer.

Preoperative Evaluation